

Department of Health & Human Services
Child and Family Services
Children's Behavioral Health Services
GRIEVANCE FORM

This form **must** be used to notify the Department of a grievance involving a **child or adolescent recipient of mental health services**. Receipt of this completed form by the Department's Grievance Coordinator starts the clock on the timelines for resolution as stipulated in law.

Name of the Child or Adolescent Recipient: _____

Date of Birth: _____ MaineCare# _____

Address: _____ Phone: _____

Name of Person Filing This Grievance: _____

Address: _____ Phone: _____

Relationship to Child or Adolescent Recipient: _____

Date(s) upon which aggrieved action took place: _____

Name of Provider/Agency Involved: _____

Address: _____ Phone: _____

Names of all people/agency, including tel.#: _____

Describe in detail your grievance and specify issues that need to be addressed (use the back of this form if more space is needed): _____

Suggest how the matter can be resolved including efforts undertaken toward resolution: _____

Indicate efforts to resolve issue(s) prior to this date. Contact was made with: ☐ Case Manager;

☐ Agency which grievance is filed against; ☐ DHHS, contact; ☐ Mediation Services

Select one of two options to resolve your grievance: 1) Mediation or, 2) Administrative Hearing. The Mediation or Administrative Hearing must be held within five (5) calendar days of receipt of this completed form by the Department's Grievance Coordinator, unless you are not available or you waive this requirement, in which case the Mediation or Administrative Hearing will be held as soon as possible.

☐ **Mediation.** The Grievance Coordinator or the Mediator will contact you to arrange a time and location for the mediation session to take place. At the meeting, the mediator will attempt to resolve the grievance. You may select an Administrative Hearing at any time during the mediation process if you feel the Administrative Hearing would be more beneficial to you.

☐ **Administrative Hearing.** The Grievance Coordinator or the Hearing Officer will contact you to schedule the formal hearing, which will be presided over by an experienced hearing officer from the Department of Labor.

Submit this form to: Children's Services Grievance Coordinator
Dept. of Health & Human Services
Child and Family Services
Children's Behavioral Health Services
11 State House Station; 2 Anthony Ave.
Augusta, ME 04333-0111

Please indicate Grievance in the lower left corner of the envelope

Or Fax to: Children's Services Grievance Coordinator at (207) 287-6156

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